## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

SECTION 1 - General Information	1			Presse read insurctions before completing and for Notice regarding public burden.	ISUUCIONS DE	ore completing	ig and for Not	ice regarding	public burder	<del>-</del>					
Name and Mailing Address of Respondent	Respondent														
LBH LLC PO Box 2237 Sulphur, LA 70665						!			;				Check he is a char address.	Check here if this is a change of address.	
<ol> <li>Year Report Filed</li> <li>2017</li> </ol>		3. Reporting Period C	Reporting Period (Ending D Period Covered by Report) 03/31/2017	Reporting Period (Ending Date of Pay Period Covered by Report) 03/31/2017	¥		4. Number o Reporting a. 7 Fe	<ol> <li>Number of Full-Time Employees during Selected Reporting Period (check one):</li> <li>Fewer than 16 (complete Sections I, IV, and V only)</li> </ol>	nployees duri ( one): omplete Sect	ng Sefected ions I, IV, and	V only)				
SECTION II - Full-Time Employees.	es.	-						(Priomage in gradual) a mari	proto pri secon	yes,					
							Num (Report emple	Number of Employees (Report employees in only one category)	yees one category)				:		
Job							_	Race/Ethnicity							
Categories	His	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
	T .				Male	ale					Female	ale		:	Columns A-N
	Male	Female	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	
				American	Other Pacific Islander		Alaska Native			American	Other Pacific Islander		Alaska Native		
	>	_	ი		ЕП	F	G	Ξ	1	J	χ.	ı.	м	z	0
Executive/Senior Level Officials and Managers 1.1	-														0
First/Mid-Level Officials and 1.2	~														0
Professionals	2														0
Technicians 3															0
Sales Workers	4														0
Administrative Support Workers	- Ch														0
Craft Workers	6														0
Operatives 7															0
Laborers and Helpers	8														0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	٥	0	0	0
PREVIOUS YEAR TOTAL 11															0

Director of Human Resources & Risk Mgmt	Dake Typed or Printed Name of Person Signing 04/11/2017 Wendi Racca	SECTION V - Certification  I certify that to the best of my knowledge, information, and bekef, all statements in this report are true and correct/	company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.  (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	┚╽⋚	PREVIOUS YEAR TOTAL 11	TOTAL 10 0	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2	Executive/Senior Level Officials and Managers 1.1	>	Male		Categories His	Job		SECTION III - Part-Time Employees.
s & Risk	Name of Person	lation, and belie	competent jurison that the following late filed, date filed,	plaints Pursual hat no complair		0											8	Female		Hispanic or			
Mgmt	n Signing	ıf, all statemer	siction in such g complaints a courts or age	nt to 47 CFR:		0											С	White					
WILLFULLY F		nts in this repo	matters durin lleging violation socies before v	22.321, 23.55		•											D	Black or African American					
ALSE STATE		ord are true an	g the calenda ons of the pro- which the mat	. 90.168, 101.		0											Е	Native Hawaiian or Other Pacific Islander	Male			:	
MEN S MAI E OR DONS!	Signature	correct	ryear covered sizes of any er has been to	4, and 101.3		•											F	Asian	le				
RUCTION P	1	8	sions of Fede ed by this repo y equal emplo ) heard, file nu	ions of Federa		0				ļ				:			G	American Indian or Ataska Native				Number of Employees (Report employees in only one category)	
ORM ARE PLEASED IN	2		ment opportu	al stale territ		0											II	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees employees in only one c	
JNISHABLE E S.C. 312 (A)(1	2		nity statute hadesignation, a	visi or local		٥											-	White		c or Latino		rees ne category)	
3Y FINE AND 1) AND/OR FO	Telephone No. (337) 583-8343		This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, counts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	tatutes have t		0											۲	Black or African I					
OR IMPRISO DRFEITURE (				hean flord and		0				_							*	Native Hawaiian or Other Pacific Islander	Female				
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (AX1) AND/OR FORFEITURE (47 U.S.C. 503).				inst this		0											-	Asian	e e				
		i				0											Z	American Indian or Alaska Native					i
AND/OR RE\						0											z	Two or more races					
/OCATION	ĺ				0	0	0	0	0	0	0	0	0	0	0	0	۰		Columns A - N	Total			